FIL	E N	OW:	FILING	FEE IS	\$61	.25
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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(6)

PURDUE CLUB OF TAMPA BAY, INC.

PORDU	CLUB OF TAIVINA BAT, II	VO .				
Principal Place	of Business	Mailing Address				
% EDWARD W 3923 W. SAN	Juan St.	% EDWARD W. GEREC 3923 W. SAN JUAN ST TAMPA FL 33629				
TAMPA FL 338	529	TAMPA PE 33020		3. Date incorporated or Qualified 01/12/1987	3a. Date of Last Report 04/05/1995	
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number 59-2265288	Applied For Not Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Zip	Country	Zip Country		8. This corporation has liability for i	ntangible tax under s. 199,032,	
24	25	29	30	Florida Statutes		
	9. Name and Address of Curre			10. Name and Address of New R	egistered Agent	
			81 Name ROUS	SH, EVA M.		
GERECK	e, edward W.		92 Street Ad	Idress (P.O. Box Number is Not Acceptab	le)	
3923 W	SAN JUAN STREET		2403	FINLANDIA LN. #2	<u> </u>	
tampa f	FL 33629		83 CLEA	ARWATER, FLORIDA		
			84 City		FL 85 Zip Code 34623	
			the the property core	poration submits this statement for the Dul	roose of changing its registered office	
11. Pursuant t	to the provisions of Sections 617.050 led agent, or both, in the State of Flor	2 and 617.1508, Florida Statu ida. Such change was authori.	tes, the above-named corp zed by the corporation's bo	poration submits this statement for the pul pard of directors. I hereby accept the app	ointment as registered agent. I am	
familiar wi	th, and accept the obligations of Sec	tion 617.0503, Florida Statute	§) ,0 · ,	,	2. A # 1001	
SIGNATURE .	Dur My Kou	an officer	4 Street on OTE Registered Agent signature requ		2116 3, 1996	
12.	Agriature, typed or printed name of registered agen OFFICERS AN	ND CIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	DALE, ALVIN		1.2 NAME			
STREET ADDRESS	735 116TH AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	TREASURE ISLAND FL		1.4 CITY - ST - ZIP			
TITLE	D	DELETE	2.1 TITLE		Change Addition	
NAME	GERECKE, EDWARD W.		2.2 NAME			
STREET ADDRESS	3923 W SAN JUAN ST		2 3 STREET ADDRESS			
CITY-ST-ZI2	TAMPA FL		2 4 CITY-ST-ZIP		Change Addition	
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	ROUSH, EVA M.		3 2 NAME			
STREET ADDIRESS	2403 FINLANDIA LANE,# 21		3 3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		3 4. CHTY - ST - ZIP		☐ Change ☐ Addition	
TITLE	P	DELETE	4 1 TITLE			
NAME	HARRIS, PHILLIP R.	ND #404	4. 2 NAME			
STREET ADDRESS	5301 REFLECTIONS CLUB I	JK #104	4.3 STREET ADORESS			
CITY-ST-ZP	TAMPA FL	Flority	4.4 CITY - ST - ZIP		Change Addition	
TITLE	V NAME NAMEDY	DELETE	5 1 TITLE			
NAME	SAWAYDA, NANCY		5.2 NAME			
STREET ADDRESS	1825 BRENTWOOD DR.		5 3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL	Donore	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition	
TITLE	D DCLL LADDY	DELETE	1		-	
NAME	BELL, LARRY		62 NAME			
1	2615 ARLINGTON DAKS CO	למו ול	6.3 STREET ADDRESS			

TAMPA FL 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annua report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

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